



## B-6 Attendance Intervention Assistance Form

### District of Columbia Public Schools

Directions: Please schedule an intervention conference when the student has accumulated five (5) unexcused absences. This form must accompany all court referrals. Provide projected dates of interventions to complete this form.

#### Student Information

Name	Age	DOB
School	Grade	
Parent/Guardian Name	Work Phone	
Home Address	Home Phone	
<input type="checkbox"/> Student is not compulsory school-age.	<input type="checkbox"/> Head Start	<input type="checkbox"/> Pre-Kindergarten
<input type="checkbox"/> Transferred. Date of Transfer:	Where Transferred:	
<input type="checkbox"/> Transfer Verified. By whom at receiving school (Name):		

#### Include names of individual(s) attending conference:

Name	Title

#### Recommended Plan of Assistance/Intervention to help eliminate causes of truancy (check all that apply):

<input checked="" type="checkbox"/>	Intervention	Implementation Date	Responsible Person
<input type="checkbox"/>	Student carries attendance card to each class for signature.		
<input type="checkbox"/>	Student signs in with attendance designee in a.m. and after lunch.		
<input type="checkbox"/>	Student confers with attendance counselor/designee: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly		
<input type="checkbox"/>	Attendance counselor/designee conferences with parent/guardian.		
<input type="checkbox"/>	Student participates in school-based counseling: <input type="checkbox"/> Individual <input type="checkbox"/> Group		
<input type="checkbox"/>	Guidance counselor meets with parent and student on impact of absences on achievement and promotion.		
<input type="checkbox"/>	Guidance/attendance counselor/attendance designee confers with teachers.		
<input type="checkbox"/>	Attendance counselor/designee conducts home visit to meet with parent.		
<input type="checkbox"/>	Additional Interventions/Strategies (please list below): 1. 2. 3.		

**B-6****Academic plan(s) that will be put in place (check all that apply):**

<input checked="" type="checkbox"/>	Plan	Implementation Date	Responsible Person
<input type="checkbox"/>	Tutoring		
<input type="checkbox"/>	After school programming		
<input type="checkbox"/>	Reading support		
<input type="checkbox"/>	Math support		
<input type="checkbox"/>	Referral to an alternative learning environment		
<input type="checkbox"/>	Other:		

**School will refer student and parent to: (check all that apply):**

<input checked="" type="checkbox"/>	Referral	Implementation Date	Responsible Person
<input type="checkbox"/>	DC Superior Court		
<input type="checkbox"/>	Collaboratives		
<input type="checkbox"/>	Department of Recreation/Roving Leaders		
<input type="checkbox"/>	Child and Family Services Agency (CFSA)		
<input type="checkbox"/>	Substance Abuse Agency		
<input type="checkbox"/>	Head Start Office		
<input type="checkbox"/>	Area Mental Health Center		
<input type="checkbox"/>	Other (please list below): 1. 2. 3.		

**Required Signature**

School Administrator (Signature)	Date
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